

Procedure Code	Procedure Code Descripton	Rate
Q0091	SCREENING PAPANICOLAOU SMEAR; OBTAINING, PREPARING AND CONVEYANCE OF CERVICAL OR VAGINAL SMEAR TO LABORATORY	\$14.04
Q0092	SET-UP PORTABLE X-RAY EQUIPMENT	\$6.00
Q0111	WET MOUNTS, INCLUDING PREPARATIONS OF VAGINAL, CERIVICAL OR SKIN SPECIMENS	\$3.54
Q0112	ALL POTASSIUM HYDROZIDE (KOH) PREPARATIONS	\$3.54
Q0113	PINWORM EXAMINATIONS	\$4.48
Q0114	FERN TEST	\$5.93
Q0115	POST-COITAL MUCOUS EXAM	\$8.21
Q0164	PROCHLORPERAZINE, MALEATE, 5 MG, ORAL	\$0.40
Q0165	PROCHLORPERAZINE MALEATE, 10 MG ORAL	\$0.60
Q0169	PROMETHAZINE HCI, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC	\$0.25
Q0170	PROMETHAZINE HCI, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC	\$0.30
Q0172	CHLORPROMAZINE HCI, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC	\$0.25
Q0173	TRIMETHOBENZAMIDE HCI, 250 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC	\$0.35
Q0177	HYDROXYZINE PAMOATE, 25 MG ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC	\$0.10
Q0180	DOLASETRON MESYLATE, 100 MG ORAL, FDA APPROVED PRESCRIPTION ANTI-EMECTIC, FOR USE AS A THERAPEUTIC	\$68.62
Q0181	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC	\$0.00
Q0480	DRIVER FOR USE WITH PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	\$70,907.06
Q0481	MICROPROCESSOR CONTROL UNIT FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	\$11,440.02
Q0482	MICROPROCESSOR CONTROL UNIT FOR USE WITH ELECTRIC/PNEUMATIC COMBINATION VENTRICULAR ASSIST DEVICE, REPLACEMENT	\$3,583.23
Q0483	MONITOR/DISPLAY MODULE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	\$14,761.30
Q0484	MONITOR/DISPLAY MODULE FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	\$2,866.60
Q0485	MONITOR CONTROL CABLE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	\$276.77
Q0486	MONITOR CONTROL CABLE FOR USE WITH ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	\$230.35
Q0487	LEADS (PNEUMATIC/ELECTRICAL) FOR USE WITH ANY TYPE ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT	\$268.74
Q0488	POWER PACK BASE FOR USE WITH ELECTRIC VETRICULAR ASSIST DEVICE, REPLACEMENT ONLY	\$0.00
Q0489	POWER PACK BASE FOR USE WITH ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	\$12,797.26
Q0490	EMERGENCY POWER SOURCE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	\$553.54
Q0491	EMERGENCY POWERE SOURCE FOR USE WITH ELECTRIC/PNEUMATIC VETRICULAR ASSIST DEVICE, REPLACEMENT ONLY	\$870.24
Q0492	EMERGENCY POWER SUPPLY CABLE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	\$70.11
Q0493	EMERGENCY POWER SUPPLY CABLE FOR USE WITH ELECTRIC/ PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	\$199.64
Q0494	EMERGENCY HAND PUMP FOR USE WITH ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	\$168.93
Q0495	BATTERY/ POWER PACK CHARGER FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE	\$3,288.56

Q0496	BATTERY FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	\$1,180.32
Q0497	BATTERY CLIPS FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	\$368.56
Q0498	HOLSTER FOR USE WITH ELECTRIC OR ELECTRIC/ PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	\$404.39
Q0499	BELT/VEST FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	\$131.39
Q0500	FILTERS FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	\$24.04
Q0501	SHOWER COVER FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	\$402.07
Q0502	MOBILITY CART FOR PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	\$511.88
Q0503	BATTERY FOR PNEUMATIC VENTRICULAR ASSIST DEVICE REPLACEMENT ONLY, EACH	\$1,023.78
Q0504	POWER ADAPTER FOR PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY, VEHICLE TYPE	\$540.23
Q0505	MISCELLANEOUS SUPPLY OR ACCESSORY FOR USE WITH VENTRICULAR ASSIST DEVICE	\$0.00
Q0510	PHARMACY SUPPLY FEE FOR INITIAL IMMUNOSUPPRESSIVE DRUGS, FIRST MONTH FOLLOWING TRANSPLANT	\$1.00
Q0511	PHARMACY SUPPLY FEE FOR ORAL ANTI-CANCER, ORAL ANTI- EMETIC OR IMMUNOSUPPRESSIVE DRUGS; FOR THE FIRST PRESCR	\$1.00
Q0512	PHARMACY SUPPLY FEE FOR ORAL ANTI-CANCER, ORAL ANTI-EMETIC OR IMMUNOSUPPRESSIVE DRUGS; FOR A SUBSEQUENT PRESC	\$1.00
Q0513	PHARMACY DISPENSING FEE FOR INHALATION DRUGS; PER 30 DAYS	\$1.00
Q0514	PHARMACY DISPENSING FEE FOR INHALATION DRUGS; PER 90 DAYS	\$1.00
Q0515	INJECTION, SERMORELIN ACETATE, 1 MCG	\$1.91
Q2009	INJECTION, FOSPHENYTION, 50 MG	\$5.93
Q3021	INJECTION, HEPATITIS B VACCINE, PEDIATRIC OR ADOLESCENT, PER DOSE	\$56.95
Q3022	INJECTION, HEPATITIS B VACCINE, ADULT, PER DOSE	\$56.95
Q3023	INJECTION, HEPATITIS B VACCINE, IMMUNOSUPPRESSED PATIENTS (INCLUDING RENAL DIALYSIS PATIENTS), PER DOSE	\$56.95
Q4079	INJECTION, NATALIZUMAB, PER 1 MG	\$6.78
Q4080	ILOPROST, INHALATION SOLUTION, ADMINISTERED THROOUGH DME, 20 MCG	\$30.81